



Library of Michigan

717 W. Allegan, PO Box 30007, Lansing, MI 48909-9775

FY 1998/1999 PUBLIC LIBRARY ANNUAL REPORT SECTION A: CURRENT INFORMATION

This Annual Report or a Letter of Intent to File an Annual Report must be postmarked on or before **February 1, 1999** to be eligible to receive state aid.

See instructions for clarification on how to complete this form. Refer questions regarding this form to Denise Sachau at dsachau@libofmich.lib.mi.us or (517) 373-5867.

This information is current as of (date this report is filed) _____

PART I: DIRECTORY INFORMATION

CURRENT LEGAL NAME OF MAIN LIBRARY			
PREVIOUS LEGAL NAME OF MAIN LIBRARY			
STREET ADDRESS (NUMBER, STREET, ETC.)		CITY	ZIP+4
PHONE NUMBER	TELEFAX	TDD PHONE NUMBER	
COUNTY	LIBRARY ORGANIZATION TYPE <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> School District <input type="checkbox"/> Township <input type="checkbox"/> Village		MICHICARD MEMBER <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF CURRENT LIBRARY DIRECTOR		NAME OF LIBRARY COOPERATIVE	
EMAIL ADDRESS OF LIBRARY DIRECTOR		WEB ADDRESS http: / / _____	

PART II: CURRENT SCHEDULE OF OPEN HOURS

MONDAY	TO	FRIDAY	TO
TUESDAY	TO	SATURDAY	TO
WEDNESDAY	TO	SUNDAY	TO
THURSDAY	TO		

ALTERNATE LIBRARY SCHEDULE

Period of Alternate Schedule: From: _____ (mo/day/yr) To: _____ (mo/day/yr)

MONDAY	TO	FRIDAY	TO
TUESDAY	TO	SATURDAY	TO
WEDNESDAY	TO	SUNDAY	TO
THURSDAY	TO		

PART III: NON-RESIDENT FEES INFORMATION

Do you charge a non-resident fee? ☐ Yes ☐ No If yes, fee is: Annual ☐ One-Time ☐
Fee schedule or non-resident rate: (Example: \$35/family; \$25/individual)

PART IV: TECHNOLOGY

1. Are your library operations automated? ☐ Yes ☐ No

If yes:

a. What library system is in use? (Check only one box)

<input type="checkbox"/> CLSI	<input type="checkbox"/> Follett	<input type="checkbox"/> LibNet
<input type="checkbox"/> Data Trek	<input type="checkbox"/> Galaxy	<input type="checkbox"/> Precision One
<input type="checkbox"/> DRA	<input type="checkbox"/> GEAC	<input type="checkbox"/> Winnebago
<input type="checkbox"/> Dynix	<input type="checkbox"/> Innovative Interfaces Incorporated (III)	<input type="checkbox"/> Other (specify) _____

b. Which of the following automation modules are installed, operational and in use?

(Check all that apply)

<input type="checkbox"/> Acquisitions	<input type="checkbox"/> Cataloging	<input type="checkbox"/> Circulation	<input type="checkbox"/> Community Information	<input type="checkbox"/> ILL
<input type="checkbox"/> Media Booking	<input type="checkbox"/> OPAC	<input type="checkbox"/> Serials	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Z39.50 Compliant				
<input type="checkbox"/> Closed Stack Access				

2. How many of the following computers in your library are primarily used by staff or by public?
(Each computer should be included in only one column)

Staff	Public	
		PC equipped with 386 or older processor
		PC equipped with 486 processor
		PC equipped with Pentium processor
		Macintosh equipped with 040 or older processor
		Power Macintosh

3. Does your library have a Local Area Network (LAN)? ☐ Yes ☐ No

If yes:

a. Type of LAN operating system software used? (Check all that apply)

<input type="checkbox"/> Appletalk	<input type="checkbox"/> LANtastic	<input type="checkbox"/> Novell	<input type="checkbox"/> Windows 95 Peer to Peer	<input type="checkbox"/> Windows for Workgroups
<input type="checkbox"/> Windows NT	<input type="checkbox"/> Unix	<input type="checkbox"/> Other (specify) _____		

If yes:

b. Type of client operating system software used? (Check all that apply)

<input type="checkbox"/> DOS	<input type="checkbox"/> Windows 98	<input type="checkbox"/> LANSmart
<input type="checkbox"/> Windows 3.1	<input type="checkbox"/> Windows for Workgroups	<input type="checkbox"/> Invisible LAN
<input type="checkbox"/> Windows 95	<input type="checkbox"/> Digital Pathworks	<input type="checkbox"/> Macintosh Operating System
<input type="checkbox"/> Windows NT	<input type="checkbox"/> LAN Manager	<input type="checkbox"/> Other (specify) _____

If no:

c. Type of operating system software used? (Check all that apply)

<input type="checkbox"/> DOS	<input type="checkbox"/> Windows 3.1	<input type="checkbox"/> Windows 95	<input type="checkbox"/> Windows 98	<input type="checkbox"/> Windows NT
<input type="checkbox"/> Macintosh Operating System	<input type="checkbox"/> Other (specify) _____			

4. Which of the following services does your library offer?

If your library offers none of the following services check this box ☐

Staff Use Only	Mediated Public Access	Direct Public Access	(Check only one box per service)
----------------------	------------------------------	----------------------------	----------------------------------

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ADA compliant workstation (accessible to the visually and/or physically disabled) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remote access to your library catalog via internet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remote access to your library catalog via dial-in |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telephone access via Telephone Device for the Deaf (TDD) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telefax available for use by patrons |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Word processing software |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Database software |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spreadsheet software |

5. Does your library have access to the internet? ☐ Yes ☐ No

If yes:

a. Connection types (Check all that apply)

- ☐ Dedicated connection directly from telecommunications vendor, ie. Merit, Ameritech
- ☐ Dedicated connection through a wide area network (WAN), e.g. cooperative shared system
- ☐ Dial access

b. Speed of connection: (If library is part of a WAN, indicate the speed between the library and the WAN, not between the WAN and the Internet.) (Check all that apply)

- ☐ Cable Service ☐ T1 ☐ 128K(ISDN) ☐ 64K(ISDN) ☐ 56K ☐ 33.6K ☐ 28.8K ☐ 19.2K or slower

c. The library offers the following Internet services:

Staff Use Only	Mediated Public Access	Direct Public Access	(Check only one box per service)
----------------------	------------------------------	----------------------------	----------------------------------

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Email |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | File transfer protocol |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Telnet |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | World Wide Web |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Printing Internet material |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Downloading to disk |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Filtering software |

6. We are trying to determine technology training needs in Michigan.

Please identify the number of your library staff in need of the following training:

- Basic Internet searching
- Community information development
- Computer maintenance and repair
- Computer networking
- Creating web pages
- Searching AccessMichigan

7. Does your library have a written technology plan? ☐ Yes ☐ No

If yes: Month/Year

a. Date of last revision:

8. How is your library involved in an on-line community information network?

- ☐ Not involved
☐ Contributor/participant
☐ Coordinator/project leader

PART V: SALARY AND BENEFIT INFORMATION

Position	Is ALA-MLS Degree Required?		Avg Hrs/Week	Annual Salary Range (You must complete both boxes)	
	Yes	No		Minimum	Maximum
Director Certification Level (I,II,III,IV,V,VI,VII or NC) NC = Not Certified <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistant Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department/Branch Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senior Level Librarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entry Level Librarian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Computer/Technology Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Library Clerk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director Benefit Information (Check each of the following benefits which are paid (all or part) for **Director**).

Health Insurance <input type="checkbox"/>	Vision Insurance <input type="checkbox"/>	Deferred Compensation <input type="checkbox"/>
Dental Insurance <input type="checkbox"/>	Paid Sick Leave <input type="checkbox"/>	Disability <input type="checkbox"/>
Life Insurance <input type="checkbox"/>	Paid Vacation <input type="checkbox"/>	Paid Personal Days <input type="checkbox"/>
Pension <input type="checkbox"/>	Paid Holiday(s) <input type="checkbox"/>	
Other (specify) <input type="text"/>		

PART VI: MILLAGE INFORMATION

Millage Rate Authorized	Millage Authorization Date		Millage Rate Levied	Millage Expiration Date		Millage Voted in Perpetuity
	Month	Year		Month	Year	
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Library Name: _____

PART VII: TRUSTEES REPORT

All Public Libraries must complete this page. Report the most current information. Report all Board changes to Linda Neely at lkneely@libofmich.lib.mi.us or (517) 373-1296.

Main Library City:_____

Main Library County:_____

Main Library Name:_____

Current Organizational Statute:_____

Total Number of Voting Members Required by Statute or Legal Establishment Document:_____

If recently reorganized, provide re-establishment date and statute:_____

School district libraries organized under Public Act 451, 1976 must report two boards. List the School Board on this page. List the Advisory Board on a separate sheet.

Trustee Name	Check if Voting Member	Mailing Address	Phone Number	Term Expires	
				Month	Year
President	<input type="checkbox"/>	Street City/Zip Email Address	() -		
Vice President	<input type="checkbox"/>	Street City/Zip Email Address	() -		
Secretary	<input type="checkbox"/>	Street City/Zip Email Address	() -		
Treasurer	<input type="checkbox"/>	Street City/Zip Email Address	() -		
	<input type="checkbox"/>	Street City/Zip Email Address	() -		
	<input type="checkbox"/>	Street City/Zip Email Address	() -		
	<input type="checkbox"/>	Street City/Zip Email Address	() -		
	<input type="checkbox"/>	Street City/Zip Email Address	() -		
	<input type="checkbox"/>	Street City/Zip Email Address	() -		

The Library Trustees are: ☐ Appointed ☐ Elected ☐ Municipal Governing Body

Library Name:_____